

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52	/					
3		/					53		/				
4		/					54		/				
5		/					55		/				
6		/					56		/				
7		/					57						
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14		/					64						
15		/					65						
16		/					66						
17		/					67						
18		/					68						
19	/						69						
20		/					70						
21		/					71						
22		/					72						
23		/					73						
24		/					74						
25		/					75						
26		/					76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41	/						91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
<b>TOTAL IND.</b>		↓		↓		↓	<b>TOTAL IND.</b>	4	↓		↓		↓
<b>TOTAL DEP.</b>		↓		↓		↓	<b>TOTAL DEP.</b>	38	↓		↓		↓
<b>TOTAL CLAIMS</b>							<b>TOTAL CLAIMS</b>	42					